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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/683,099	
	Filing Date	11/16/2001	
	First Named Inventor	Shih-Hsornng Shen	
	Group Art Unit	2644	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	YMBP0001USA

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	A copy of notice to file corrected application papers.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	WINSTON HSU
Signature	<i>Winston Hsu</i>
Date	1/14/2002

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/683,099	11/16/2001	Shih-Hsornng Shen	YMBP0001USA

027765
WINSTON HSU
SF. 389, FU-HO ROAD
YUNGHO CITY, TAIPEI,
TAIWAN

CONFIRMATION NO. 8068

FORMALITIES LETTER



OC000000007125913

Date Mailed: 11/28/2001

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawings submitted to the Office are not electronically reproducible. Drawing sheets must be submitted on paper which is flexible, strong, white, smooth, non-shiny, and durable (see 37 CFR 1.84(e));

*A copy of this notice **MUST** be returned with the reply.*

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Initial Patent Examination Division (703) 308-1202

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/683,099	11/16/2001	2644	370	YMBP0001USA	5	20	2

CONFIRMATION NO. 8068

 027765
 WINSTON HSU
 SF. 389, FU-HO ROAD
 YUNGHO CITY, TAIPEI,
 TAIWAN


FILING RECEIPT



OC000000007125912

Date Mailed: 11/28/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

 Shih-Hsornng Shen, Taipei City, TAIWAN;
 Shuenn-Tsong Young, Taipei City, TAIWAN;
 Weileum Fang, Hsin-Chu City, TAIWAN;

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JAN 24 2002

Dear Sir = Technology Center 2600

Domestic Priority data as claimed by applicant

please correct it

Foreign Applications

to "Weileun".

If Required, Foreign Filing License Granted 11/27/2001

Thank you very much.

Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Hearing aid device with frequency-specific amplifier settings

Preliminary Class

381

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 Technology Center 2600

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 8068

SERIAL NUMBER 09/683,099	FILING DATE 11/16/2001 RULE	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. YMBP0001USA
APPLICANTS Shih-Hsorong Shen, Taipei City, TAIWAN; Shuenn-Tsong Young, Taipei City, TAIWAN; Weileun Fang, Hsin-Chu City, TAIWAN;				
** CONTINUING DATA ***** N/A				
** FOREIGN APPLICATIONS ***** SN				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/27/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>SN</u> Initials	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 5	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 2				
ADDRESS 027765 AIR MAIL				
TITLE Hearing aid device with frequency-specific amplifier settings				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	